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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>128</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>662</u>	
Town of _____		Local Registrar's No. _____	
City of <u>Globe</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Leonora Chavez</u>		{ Born } Yes	
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		{ Alive } <u>NO</u>	
Sex of Child <u>7</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yo</u>	Date of Birth <u>Nov. 6</u> 192 <u>0</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Remigio Chavez</u>	Full Maiden Name <u>Stelia Frances</u>		
Residence <u>Globe</u>	Residence <u>Globe</u>		
Color or Race <u>Mex</u>	Color or Race <u>Mex.</u>	Age at last Birthday <u>30</u>	Age at last Birthday <u>21</u>
		(Years)	(Years)
Birthplace <u>Mexico</u>	Birthplace <u>Arizona</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on Nov. 6 1920, at 11⁰⁰ AM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. W. Adams
(Attending physician, midwife, householder.)*

Address Globe Ariz.

Given or Christian name added from a supplemental report _____ 1920

339-1106-666 COUNTY REGISTRAR.

Filed 11/10 1920

Filed 12/6 1920 A True Copy

B. G. J. J. LOCAL REGISTRAR.

B. G. J. J. COUNTY REGISTRAR.